

## IV. SLIDING FEE DISCOUNT PROGRAM

The following policies and procedures will be applied uniformly to ALL patients who qualify for services. The SFDP policy will be evaluated every three years.

### ELIGIBILITY FOR SFDP

When a client submits an application for enrollment ([Appendix A](#)), he/she will be financially screened based on family size and income only to determine eligibility for the Sliding Fee Discount Program. This process will determine the extent of his/her financial responsibility. Self-declaration of their financial status will be acceptable. The final determination from the financial screening process will be documented in the client's file and renewed annually upon recertification of enrollment.

**Definitions:** Discounts will be based on income and family size only and as defined below:

- **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family.
- **Income** is defined as: monetary payment received for any reason. There are two types of income: Earned Income and Unearned Income. (see page 12, for a detailed definition of income)

**Notification:** HCHP will notify clients of the availability of the SFDP as follows:

- Verbally, upon enrollment during the application/intake process by HCHP staff
- The Pinellas County HCHP website and promotional materials
- Signage (in both English and Spanish) in the lobby/waiting area of the Bayside Health Clinic and on the Mobile Medical Unit

### SLIDING FEE DISCOUNT SCHEDULE

The following figures are the 2017 HHS poverty guidelines which were published in the Federal Register on January 31, 2017 and are reviewed and approved annually by the HCH Co-Applicant Board. Persons below 100% of the Federal Poverty Level will pay no fee. Persons with family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a fee on a sliding scale based on family size and income using the following increments: **The poverty guidelines are updated annually in accordance with HHS regulations.**

Family Size	0%		100%		100% - 125%		125% - 150%		150% - 175%		175% - 200%		200%+	
	1	\$0	\$12,060	\$12,061	\$15,075	\$15,076	\$18,090	\$18,091	\$21,105	\$21,106	\$24,120	\$24,121		
2	\$0	\$16,240	\$16,241	\$20,300	\$20,301	\$24,360	\$24,361	\$28,420	\$28,421	\$32,480	\$32,481			
3	\$0	\$20,420	\$20,421	\$25,525	\$25,526	\$30,630	\$30,631	\$35,735	\$35,736	\$40,840	\$40,841			
4	\$0	\$24,600	\$24,601	\$30,750	\$30,751	\$36,900	\$36,901	\$43,050	\$43,051	\$49,200	\$49,201			
5	\$0	\$28,780	\$28,781	\$35,975	\$35,976	\$43,170	\$43,171	\$50,365	\$50,366	\$57,560	\$57,561			
6	\$0	\$32,960	\$32,961	\$41,200	\$41,201	\$49,440	\$49,441	\$57,680	\$57,681	\$65,920	\$65,921			
7	\$0	\$37,140	\$37,141	\$46,425	\$46,426	\$55,710	\$55,711	\$64,995	\$64,996	\$74,280	\$74,281			
8	\$0	\$41,320	\$41,321	\$51,650	\$51,651	\$61,980	\$61,981	\$72,310	\$72,311	\$82,640	\$82,641			
Fee Paid	No Fee		20% of Full Fee		40% of Full Fee		60% of Full Fee		80% of Full Fee		100% of Full Fee			